



County of Fairfax, Virginia

ADDENDUM

DATE: December 8, 2016

ADDENDUM NO. 1

TO: ALL PROSPECTIVE OFFERORS
REFERENCE: RFP2000002041
FOR: Physical Examinations and Medical Evaluations
DUE DATE/TIME: January 6, 2017 at 10:00 A.M.

The referenced Request for Proposal (RFP) is amended as follows:

1. The last day to submit questions is December 30, 2016.
2. Exhibit C has been revised. (Attachment A)
3. See Attachment B for the answers to questions received regarding the above referenced RFP.

All other terms and conditions remain the same.


Penny Crawley
Contract Specialist

THIS ADDENDUM IS ACKNOWLEDGED AND IS CONSIDERED A PART OF THE SUBJECT REQUEST FOR PROPOSAL:

Name of Firm

(Signature)

(Date)

A SIGNED COPY OF THIS ADDENDUM MUST BE INCLUDED IN THE TECHNICAL PROPOSAL OR RETURNED PRIOR TO DUE DATE/TIME.

Note: SIGNATURE ON THIS ADDENDUM DOES NOT SUBSTITUTE FOR YOUR SIGNATURE ON THE ORIGINAL PROPOSAL DOCUMENT. THE ORIGINAL PROPOSAL DOCUMENT MUST BE SIGNED

Department of Procurement & Material Management

12000 Government Center Parkway, Suite 427

Fairfax, VA 22035-0013

Website: www.fairfaxcounty.gov/dpmm

Phone (703) 324-3201, TTY: 1-800- 828-1140, Fax: (703) 324-3228

Exhibit C



APPLICATION FOR PHYSICIAN'S CERTIFICATE

Fairfax County Public Schools Bus Driver's

This form is required under the Section 22.1-178 of the
Code of Virginia Regulations of the Board of Education

DRIVERS NAME (Printed) _____

DRIVERS LICENSE NUMBER _____ BIRTH DATE _____

ADDRESS _____

Medical History (To be completed by applicant) Please check if you have any history of the following conditions:

- | | | |
|---|--|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Loss of vision |
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Loss of Hearing |
| <input type="checkbox"/> Head Injury causing symptoms | <input type="checkbox"/> Paralysis of any Type | <input type="checkbox"/> Tuberculosis (TB) |
| <input type="checkbox"/> Brain Tumor | <input type="checkbox"/> Muscle Disease | <input type="checkbox"/> Shoulder Injury |
| <input type="checkbox"/> Nervous or psychiatric disorders (severe depression) <input type="checkbox"/> Sleeping Disorders (report sleep apnea and/or periods of drowsiness) | | |

1. Have you ever received treatment for or been recommended by a physician for treatment of alcoholism or drug abuse? YES ☐ NO ☐
2. Do you currently feel that you use alcohol to excess? YES ☐ NO ☐
3. Do you currently use psychoactive drugs such as marijuana, cocaine, or other similar drugs? YES ☐ NO ☐
4. Are you currently taking any prescribed medications? YES ☐ NO ☐
5. If yes, to question 4, list the medication(s): _____
6. Do you have hay fever or other minor illnesses, which require you to take over the counter (non-prescription) medications currently or seasonally? YES ☐ NO ☐
7. If yes, to question 6, list the medication(s): _____

I certify I have answered the above questions truthfully and to the best of my ability. I hereby authorize the medical examiner to release the information contained on this certificate to Fairfax County Public Schools.

Employee Signature _____ Date _____

Medical Examiner's Comments: _____

PHYSICAL QUALIFICATIONS FOR COMERCIAL MOTOR VEHICLE DRIVERS

1. No person shall drive a school bus unless that person is physically qualified to do so and has submitted a School Bus Driver's Application for Physician's Certificate signed by the applicant and the doctor for the applicable employment period.
 2. A person is physically qualified to drive a school bus if the individual:
 - a. Has no loss of a foot, a leg, a hand, or an arm which interferes with ability to control and safely drive a school bus without reasonable accommodations;
 - b. Has no impairment of the use of a foot, a leg, a hand, fingers, or an arm, and no other structural defect or limitation likely to interfere with ability to control and safely drive a school bus without reasonable accommodations;
 - c. Has no known medical history or clinical diagnosis of diabetes mellitus currently requiring insulin -for control;
 - d. Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure;
 - e. Has no known medical history or clinical diagnosis of respiratory dysfunction likely to interfere with the ability to control and drive a school bus safely without reasonable accommodations;
 - f. Has no known current clinical diagnosis of high blood pressure likely to interfere with the ability to operate a school bus, blood pressure reading must be less than or equal to 160/90;
 - g. Has no known medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which would interfere with the ability to control and operate a school bus safely without reasonable accommodations;
 - h. Has no known medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a school bus safely without reasonable accommodations;
 - i. Has no known mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with the ability to drive a school bus safely without reasonable accommodations;
 - j. Has both distant and near visual acuity of at least 20/40 (Snellen) in each eye with or without corrective lenses, and field of vision of at least 70 degrees in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standards red, green, and amber;
 - k. First perceives a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, and 1,000 Hz and 2000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) z24.5-1951
- Note: Bus drivers should also refer to the "Pupil Transportation Manual (PTM)" often for instructional changes and regulation updates.

Exhibit C

Employee License Number _____

***Note to examiner, please ask genital question before performing physical examination.**

*** Genital exam optional. If not desired, write "NO" and initial here**

(Applicant Initials)

(Examiner Initials)

Visual Acuity without Corrective Lenses

Distant R20 / _____

L20 / _____

Near R20 / _____

L20 / _____

Visual Acuity with Corrective Lenses

Distant R20 / _____

L20 / _____

Near R20 / _____

L20 / _____

Color Vision _____ Visual Fields to 140 degree Horizontal sweep _____

Hearing: R _____ L _____

Audiometry (May be completed by other qualified persons if authorized by the medical examiner)

Decibel Loss without Hearing Aid at:

R 500 Hz _____

R 1000 Hz _____

R 2000 Hz _____

L 500 Hz _____

L 1000 Hz _____

L 2000 Hz _____

Decibel Loss with Hearing Aid at:

R 500 Hz _____

R 1000 Hz _____

R 2000 Hz _____

L 500 Hz _____

L 1000 Hz _____

L 2000 Hz _____

Audiometric Test Performed By _____

Ht. _____ Wt. _____ B.P. _____ Pulse _____

Check if Normal:

☐ Head ☐ Lungs ☐ Extremities

☐ Eyes ☐ Heart ☐ Neurologic

☐ Ears ☐ Abdomen ☐ Urinalysis

☐ Throat ☐ * Genitalia

☐ X-ray, EKG, & TB Skin Test Data: ☐ Positive ☐ Negative Date of Test: _____

Comments: _____

I am a duly licensed medical physician in Virginia, License No. _____

I certify that I have reviewed the Medical History as written hereon, examined the patient as noted above with the knowledge of his/her duties and the "Physical Qualification For School Bus Drivers", I find without restrictions _____

with corrective lenses _____ with a hearing aid _____

as best I can determine by reviewing the history and exam as above, I have no reason to suspect that the applicant uses illegal drugs or excessive amounts of alcohol.

Examiners Signature: _____

Examiners Name Printed: _____

Examiners Phone Number: _____ Date: _____

Notes: [1] Medical examiners should be aware of the physical demands, mental strain, and emotional responsibilities placed on school bus drivers. In the interest of public safety, the medical examiner is required to certify that the driver does not have any physical, mental or organic defects of such a nature that will affect the driver's ability to operate a commercial motor vehicle (school bus) safely.

[2] The completed physician certificate shall be scanned and sent to:
Virginia Sellers, Employee Testing and Compliance Specialist / Email to: vesellers@fcps.edu

- Q1. Section 5.1 A requires the providers be licensed to practice medicine in VA and certified by the VA Board of Medicine. Our MD's are qualified by the board of medicine, but our NP's are certified by the VA Board of Nursing. Could you please clarify that this can be either/or since we are using licensed nurse practitioners?
- A1. Providers are required to be licensed to practice medicine in VA and certified by the VA Board of Medicine or VA Board of Nursing as applicable for NP's.
- Q2. Section 5.2 3 Under reporting, requires the use of forms such as the physicians report, and physicians certificate. We wanted to ensure that we could also use the equivalent forms for nurse practitioners. Could this form be changed/edited to have "licensed provider" on the signatory block to reflect the physician or nurse practitioner?
- A2. See No. 2 of this Addendum.